

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762018 (0)

1. Corporation Name
CEDAR SIDE OWNERS' ASSOCIATION, INC.



Principal Place of Business: **601 CEDAR SIDE CIR. NE PALM BAY FL 32905**
Mailing Address: **601 CEDAR SIDE CIR. NE PALM BAY FL 32905**

3. Date Incorporated or Qualified: **02/17/1982**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2365755**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 [] Suite, Apt. #, etc.: 27 []
City & State: 23 [] City & State: 28 []
Zip: 24 [] Country: 25 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent: **SOILEAU, JOHN L ESO 1970 MICHIGAN AVE. BLDG C COCOA FL 32923-1888**
10. Name and Address of New Registered Agent: 81 Name [] 82 Street Address (P.O. Box Number is Not Acceptable) [] 83 [] 84 City: **FL** 85 Zip Code []

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, STEPHAEN H	1.2 NAME	
STREET ADDRESS	660 CEDAR SIDE CIRCLE NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENNINGER, RICHARD	2.2 NAME	GOLDEN, PAUL
STREET ADDRESS	639 CEDARSIDE CIRCLE NE	2.3 STREET ADDRESS	647 CEDAR SIDE CIRCLE NE
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JUNE	3.2 NAME	
STREET ADDRESS	616 CEDAR SIDE CIRCLE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, GERMAN DR	4.2 NAME	
STREET ADDRESS	1420 COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWICKE, JOHN R	5.2 NAME	
STREET ADDRESS	637 CEDAR SIDE CIRCLE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephan H. DeAngelis Date: 3/5/96 Daytime Phone #: 407-723-0632

CR2E037 (12/95)